

2025 Golf Membership Application



Applicant's Name _____ DOB (Required) _____ Age _____

Have you previously been a member of LCC? No or Yes Year(s): _____

How did you hear about Lakeside Country Club? _____

Local Address: _____ Is this a mailing address? (Y or N) _____ Winter Address: From _____ to _____

Mobile Phone: _____

Email: _____

Check box to opt out of emailed billing statements:

Please select the Membership Category you are requesting:

Age as of 1/1/25:	Under 46	46 - 69	70 - 79	80+
Family <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select one of the cart options below:

Cart Pass <input type="checkbox"/>	Family <input type="checkbox"/> or Single <input type="checkbox"/>
Cart Space <input type="checkbox"/>	Family <input type="checkbox"/> or Single <input type="checkbox"/>

Please complete this section for Family Memberships:

Spouse or Significant Other's Name _____	DOB _____	Mobile Phone _____
Spouse or Significant Other's Email: _____		
Please list your children (18 and under or in college):		
Child's Name _____	Age _____	Permit charges to account? (Y or N) _____
Child's Name _____	Age _____	Permit charges to account? (Y or N) _____

Financial Clause: I understand and agree that as a member of Lakeside Country Club, I will have an annual minimum food and beverage spending requirement of \$550 for a family and \$390 for a single. Pro Shop charges are not applicable.

Applicant's Signature _____ Date _____

For Office Use: Date Rec'd ___/___/___ Amount Rec'd \$ _____ Method of Payment _____ GHIN _____ GP _____
 Golf 365 _____ Calendar _____ Master List _____ Cart Pass _____ Welcome Letter _____ Email _____ Email Welcome _____